

KANSAS STATE BOARD OF PHARMACY
800 SW JACKSON, ROOM 1414
TOPEKA, KS 66612
(785) 296-4056
FAX (785) 296-8420

FEE: 25.00

FOR OFFICE USE ONLY

REG NUMBER: _____

DATE: _____

APPLICATION FOR AMBULANCE/EMERGENCY MEDICAL SERVICE

This application is being made for the following reason: (check all that apply):

_____New _____Change of Address _____Change of Ownership

Previous Kansas License Number (if applicable)_____

Name of Owner

Owner Address

City State Zip Telephone number

E-mail Address

Name of Ambulance

Ambulance Address

City State Zip Telephone number County

Mailing address for renewal information if different than the physical address.

City State Zip

The owner names the following person as the authorized agent to act on behalf of or at the direction of the owner:

Name of Authorized Agent Telephone number of authorized agent

Address of Authorized Agent

City State Zip

Drug Schedules: (check all that apply)

____ Schedule II/narcotic ____ Schedule II/nonnarcotic ____ Schedule III/narcotic
____ Schedule III/nonnarcotic ____ Schedule IV ____ Schedule V

Are you currently authorized by DEA to administer, or otherwise handle controlled substances in the schedules for which you are applying? Yes____ No____

If no, has application been made and pending? Yes____ No____

State current DEA Registration Number and Expiration Date. _____

ENCLOSE A COPY OF DEA REGISTRATION AND KANSAS EMERGENCY MEDICAL SERVICES LICENSE.

Has the applicant been convicted of any violation of State or Federal Law relating to controlled substances? Yes____ No____

If yes, was conviction a felony? Yes____ No____

Has any previous registration held by the applicant under any name or corporate or legal entity under Kansas Uniform Controlled Substances Act been surrendered, revoked, suspended, denied or pending such action? Yes____ No____

If yes, attach a letter stating circumstances.

OWNER/CORPORATE PORTION

I, _____, solemnly swear (or affirm) that the statements and representations made in the forgoing application and all attachments are true and correct to the best of my knowledge and understands that this registration, if issued, will expire annually on the 30th day of June and such registration will be cancelled if not renewed annually by the 31st day of July.

Signature of Owner/Officer

Signed and sworn to (or affirmed) before me on _____ day of _____ 20____.

(seal)

My commission expires _____

Signature of Notary Republic

AUTHORIZED AGENT PORTION

I, _____, solemnly swear (or affirm) that the statements and representations made in the foregoing application and all attachments are true and correct to the best of my knowledge and understands that this registration, if issued, will expire annually on the 30th day of June and such registration will be cancelled if not renewed annually by the 31st day of July.

Signature of Authorized Agent

Signed and sworn to (or affirmed) before me on _____ day of _____ 20____.

(seal)

My commission expires _____

Signature of Notary Republic